

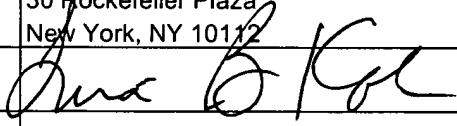
**BAKER BOTTs LLP**Please type a plus sign (+) inside this box → **[+]****TRANSMITTAL
FORM***(to be used for all correspondence after initial filing)*

Application Number	10/053,291
Filing Date	January 17, 2002
First Named Inventor	Stuhlmann
Group Art Unit	1632
Examiner Name	Wilson, Michael C.
Total Number of Pages in This Submission	Attorney Docket Number A31200-A 070165.0467

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Exhibits 1 and 2; ATCC Deposit Form; Declaration of Dr. Heidi Stuhlmann
Remarks		<input type="checkbox"/>

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

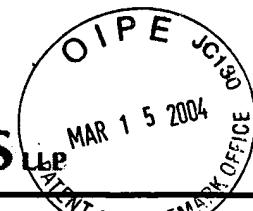
Firm or Individual name	BakerBotts LLP 30 Rockefeller Plaza New York, NY 10112	
Signature	 Att Name: Lisa B. Kole PTO Reg: 35,225	
Date	March 11, 2004	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450 on this date: **March 11, 2004**

Typed or printed name	Lisa B. Kole	
Signature		Date March 11, 2004

BAKER BOTTS LLP



FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 475)

Complete if Known

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Examiner Name	Wilson, Michael C.
Art Unit	1632
Attorney Docket No.	A31200-A 070165.0467

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order Other None

 Deposit Account:

Deposit Account Number
Deposit Account Name

02-4377

Baker Botts LLP

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee required under 37CFR 1.16 and 1.17
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
1001 770	2001 385	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
SUBTOTAL (1) (\$ 0)			

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
	- 20 = 0	X 0 = 0	
Independent Claims	- 3 = 0	X 0 = 0	
Multiple Dependent			

Large Entity	Small Entity	Fee Description
Fee Code (\$)	Fee Code (\$)	
1202 18	2202 9	Claims in excess of 20
1201 86	2201 43	Independent claims in excess of 3
1203 290	2203 145	Multiple dependent claim, if not paid
1204 86	2204 43	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2) (\$ 0)		

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
1053 130	1053 130	Non-English specification	
1812 2,520	1812 2,520	For filing a request for <i>ex parte</i> reexamination	
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	
1251 110	2251 55	Extension for reply within first month	
1252 420	2252 210	Extension for reply within second month	
1253 950	2253 475	Extension for reply within third month	475
1254 1,480	2254 740	Extension for reply within fourth month	
1255 2,010	2255 1,005	Extension for reply within fifth month	
1401 330	2401 165	Notice of Appeal	
1402 330	2402 165	Filing a brief in support of an appeal	
1403 290	2403 145	Request for oral hearing	
1451 1,510	1451 1,510	Petition to institute a public use proceeding	
1452 110	2452 55	Petition to revive - unavoidable	
1453 1,300	2453 650	Petition to revive - unintentional	
1501 1,330	2501 665	Utility issue fee (or reissue)	
1502 480	2502 240	Design issue fee	
1503 630	2503 315	Plant issue fee	
1460 130	1460 130	Petitions to the Commissioner	
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)	
1806 180	1806 180	Submission of Information Disclosure Stmt	
8021 40	8021 40	Recording each patent assignment per property (times number of properties)	
1809 770	2809 385	Filing a submission after final rejection (37 CFR 1.129(a))	
1810 770	2810 385	For each additional invention to be examined (37 CFR 1.129(b))	
1801 770	2801 385	Request for Continued Examination (RCE)	
1802 900	1802 900	Request for expedited examination of a design application	

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 475)

SUBMITTED BY

(Complete if applicable)

Name (Print/Type)	Lisa B. Kole	Registration No. (Attorney/Agent)	35,225	Telephone	212-408-2500
Signature	<i>Lisa B. Kole</i>			Date	March 11, 2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



Applicant : Stuhlmann et al.

Serial No.: 10/053,291 Examiner: Wilson, Michael C.

Filed : January 17, 2002 Group Art Unit: 1632

For : VASCULAR ENDOTHELIAL ZINC FINGER 1 GENE AND PROTEIN
AND USES THEREOFAMENDMENT

I hereby certify that this paper is being deposited with the
United States Postal Service as first class mail in an envelope addressed
to: Commissioner for Patents, Box 1450, Alexandria, VA 22313-1450.

March 11, 2004

Date of Deposit

Lisa B. Kole

Attorney Name

Signature

35,225

Registration No.

March 11, 2004

Date of Signature

Commissioner for Patents
Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the outstanding Office Action dated September 22, 2003, please consider
the following amendments and remarks. Applicants request a three month extension of time and
enclose the required fee as set forth in 37 C.F.R. § 1.17(a)(3).

Amendments to the Specification begin at page 2 of this paper.

A listing of claims begins on page 3 of this paper.